

**KLINIČKI BOLNIČKI CENTAR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SESTRE MILOSRDNICE**

Vinogradska cesta 29 tel.: 01/3787 111

HR-10000 Zagreb fax.: 01/37 69 067

Hrvatska

**SUGLASNOST PROČELNIKA USTROJSTVENE JEDINICEU KOJOJ SE PROVODI ISTRAŽIVANJE**

Suglasan/a sam da \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ na\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ime i prezime istraživača) (naziv jedinice/klinike)

Kliničkog bolničkog centra Sestre milosrdnice provede istraživanje pod nazivom:

„\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_“

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(potpis pročelnika)